

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

NOV 1 3 2002

Skytron, Division The KMW Group, Inc. Larry Perez VP Technical Services P. O. Box 888615 Grand Rapids, Michigan 49588-8615

Re: K021585

Trade/Device Name: Stellar Series Surgical Lights with Hermes

Regulation Number: 878.4580 Regulation Name: Surgical lamp

Regulatory Class: Class II

Product Code: FSY

Dated: September 24, 2002 Received: September 25, 2002

Dear Mr. Perez:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

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This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

for Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation

Miriam C Thorost

Center for Devices and Radiological Health

Enclosure

510(k) Number (if known):_

Indications For Use:

Device Name: Stellar Series Surgical Lights with Hermes TM

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The Stellar Series Hermes OR Control	Surgical Lights are Center (ORCC). TM	indicated for	use with the	
A few examples of Ortho, Neuro, Cyst Urology,and genera	the more common surgi o, Opthalmic, Plastic l surgery.	cal procedure cs, Special Pi	es are Cardiovas rocedures, Delive	cular, ery,
general surgeons,	ar Series Surgical Li gynecologists, cardia orthopedic surgeons,	c surgeons,	thoracic surgeon:	5,
(PLEASE DO NOT N NEEDED)	WRITE BELOW THIS LIN	NE-CONTINUE	ON ANOTHER P	AGE IF
Concurr	ence of CDRH, Office of	of Device Eval	uation (QDE)	-
Prescription Use V (Per 21 CFR 801.109	OR	Over-	The-Counter Use_	
(PEL 21 GFN 801.10)	Miria nr C. Pro- (Division Sign-Off)	cont	(Optional Forma	t 1-2-96)
	Division of General, Reand Neurological Device			
	510(k) Number <u>K</u> 0	21585		